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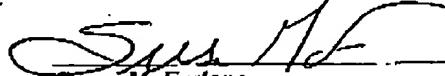
Deliver to: Paula W. Klimach, USPTO Art Group: 6441  
 Facsimile No.: 703-872-9306 Date: March 25, 2005  
 From: William W. Schaal, Reg. No. 39,018  
 Our Docket No.: 80398P213 Number of pages 12 including this sheet.  
 Application No.: 09/771,363 Filing Date: 1/21/2001  
 Docket Due Date(s): 3/25/2005

Enclosed are the following documents:

|  |   |
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| <input type="checkbox"/> Appeal Brief ( <u>  </u> pgs)                               | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> Application: <u>  </u> ( <u>  </u> pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: <u>  </u>                                  |
| <input type="checkbox"/> Assignment & Cover Sheet ( <u>  </u> pgs)                   | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
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| <input type="checkbox"/> Drawings: <u>  </u> sheets, <u>  </u> figures               | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
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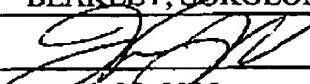
  
Susan McFarlane 3/25/2005  
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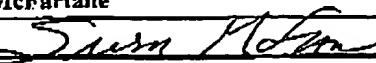
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|  |    |                        |                  |
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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application No.        | 09/771,363       |
|  |    | Filing Date            | January 21, 2001 |
|  |    | First Named Inventor   |                  |
|  |    | Art Unit               | 6441             |
|  |    | Examiner Name          | Paula W. Klimach |
| Total Number of Pages in This Submission   | 11 | Attorney Docket Number | 80398P213        |

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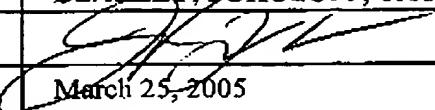
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| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |   |
| Firm or Individual name                           | William W. Schaal, Reg. No. 39,018<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP        |
| Signature   |  |
| Date  | March 25, 2005  |

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|  |    |                        |                    |
|--|----|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application No.        | 09/771,363         |
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| Remarks<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |   |   |

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| Firm or Individual name                           | William W. Schaal, Reg. No. 39,018<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP        |
| Signature   |  |
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| <small>Patent fees are subject to annual revision.</small>  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |   | Application Number <u>09/771,363</u><br>Filing Date <u>January 21, 2001</u><br>First Named Inventor <u>Brant L. Candelore</u><br>Examiner Name <u>Paula W. Klimach</u><br>Art Unit <u>6441</u><br>Attorney Docket No. <u>80398P213</u> |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| <b>FEE CALCULATION</b>  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <b>1. EXTRA CLAIM FEES</b>  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Total Claims</th> <th style="width: 25%;">Extra Claims</th> <th style="width: 25%;">Fee from below</th> <th style="width: 25%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>33<sup>a</sup> = <input type="text"/> 0 X <input type="text"/> 50.00 = <input type="text"/> \$0.00</td> <td></td> <td></td> </tr> <tr> <td>Independent Claims<br/>4</td> <td>5<sup>b</sup> = <input type="text"/> 0 X <input type="text"/> 200.00 = <input type="text"/> \$0.00</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |   |  |          | Total Claims | Extra Claims | Fee from below   | Fee Paid | 24       | 33 <sup>a</sup> = <input type="text"/> 0 X <input type="text"/> 50.00 = <input type="text"/> \$0.00 |          |      | Independent Claims<br>4 | 5 <sup>b</sup> = <input type="text"/> 0 X <input type="text"/> 200.00 = <input type="text"/> \$0.00 |     |      | Multiple Dependent |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| Independent Claims<br>4   | 5 <sup>b</sup> = <input type="text"/> 0 X <input type="text"/> 200.00 = <input type="text"/> \$0.00 |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Multiple Dependent  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| Large Entity  | Small Entity  |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| 1202  | 50  | 2202   | 25       |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1201  | 200   | 2201   | 100      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1203  | 300   | 2203   | 150      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1204  | 300   | 2204   | 150      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1205  | 300   | 2205   | 150      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Fee Description   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Claims in excess of 20  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Independent claims in excess of 3   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Multiple Dependent claim, if not paid   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| =Release independent claims over original patent  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| =Release claims in excess of 20 and over original patent  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <b>SUBTOTAL (1)</b>   |   | <input type="text"/> (\$ <u>0.00</u> )   |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <small><sup>a</sup>For number previously paid, if greater. For Reissues, see below</small>  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <b>2. ADDITIONAL FEES</b>   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| Large Entity  | Small Entity  |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
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| 1051  | 150   | 2051   | 85       |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1052  | 50  | 2052   | 25       |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 2053  | 130   | 2053   | 130      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1251  | 120   | 2251   | 60       |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1262  | 450   | 2252   | 225      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1253  | 1,020   | 2253   | 510      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1254  | 1,500   | 2254   | 705      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1255  | 2,160   | 2255   | 1,080    |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1401  | 600   | 2401   | 250      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1402  | 600   | 2402   | 250      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1403  | 1,000   | 2403   | 500      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1451  | 1,510   | 2451   | 1,510    |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1460  | 130   | 2460   | 130      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1807  | 50  | 1807   | 50       |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1808  | 180   | 1808   | 180      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1809  | 780   | 1809   | 305      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| 1810  | 790   | 2010   | 395      |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Fee Description   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Surcharge - late filing fee or oath   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Surcharge - late provisional filing fee or cover sheet  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Non-English specification   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Extension for reply within first month  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Extension for reply within second month   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Extension for reply within third month  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Extension for reply within fourth month   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Extension for reply within fifth month  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Notice of Appeal  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Filing a brief in support of an appeal  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Request for oral hearing  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Petition to institute a public use proceeding   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Petitions to the Commissioner   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Processing fee under 37 CFR 1.17(q)   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Submission of Information Disclosure Stmt   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Filing a submission after final rejection (37 CFR § 1.129(a))   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| For each additional invention to be examined (37 CFR § 1.129(b))  |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| <b>SUBTOTAL (2)</b>   |   | <input type="text"/> (\$ <u>  </u> )   |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |
| Other fee (specify) _____   |   |  |          |              |              |  |          |          |   |          |      |                         |   |     |      |                    |      |     |      |     |      |     |      |     |  |                 |                        |                                   |                                       |  |  |                 |                        |                                   |                                       |  |  |                     |      |  |      |       |      |     |      |       |      |     |      |       |      |       |      |     |      |       |      |       |      |     |      |     |      |     |      |     |      |     |      |     |      |     |   |                 |                                     |  |                           |  |   |  |   |  |                           |  |   |   |   |  |   |   |  |   |                               |                                     |   |   |  |                     |  |                                      |  |

Based on PTO/SB/17 (12-04) as modified by Blankley, Sokoloff, Taylor & Zafman (WIR) 12/15/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

PAGE 4/13 \* RCVAT 3/25/2005 4:50:45 PM [Eastern Standard Time] \* SVR:USPTO-EFXYRF-1/0 \* DNIS:8729306 \* CSID:7145573347 \* DURATION (mm:ss):03:48

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|---|---|---|-------------------|--|-------------------|--------------------------------------|-------------------|----------------------|--------------------|---------------|---|-------------|--------|---------------------|-----------|------|--------------|-------------------------------------|--------------------|----|------|----|--|------|-----|------|-----|---------------------------|---------------------|-----|---------------------|----|--|----------|----------|----------|----------|---|------|-------|------|-----|--|------|-------|------|-----|---|------|-------|------|-------|--|------|-----|------|-----|--|------|-----|------|-----|--|---------------------|-------|------------------|-----|--------------------------|------|-------|------|-------|---|------|-----|------|-----|-------------------------------|------|----|------|----|-------------------------------------|------|-----|------|-----|---|------|-----|------|-----|---|------|-----|------|-----|--|---------------------|--|------|--|--|---------------------|--|------|--|--|
| <b>FEE TRANSMITTAL<br/>for FY 2005</b><br><small>Patent fees are subject to annual revision.</small>  |   | <b>Complete If Known</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/771,363</td> </tr> <tr> <td>Filing Date</td> <td>January 21, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Brant L. Candelore</td> </tr> <tr> <td>Examiner Name</td> <td>Paula W. Klimach</td> </tr> <tr> <td>Art Unit</td> <td>6441</td> </tr> <tr> <td>Attorney Docket No.</td> <td>80398P213</td> </tr> </table> |                   | Application Number   | 09/771,363        | Filing Date                          | January 21, 2001  | First Named Inventor | Brant L. Candelore | Examiner Name | Paula W. Klimach  | Art Unit    | 6441   | Attorney Docket No. | 80398P213 |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Application Number  | 09/771,363  |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Filing Date   | January 21, 2001  |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| First Named Inventor  | Brant L. Candelore  |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Examiner Name   | Paula W. Klimach  |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Art Unit  | 6441  |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Attorney Docket No.   | 80398P213   |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |   |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| TOTAL AMOUNT OF PAYMENT   | (\$)  | 0.00  |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____<br><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u><br>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments<br>under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.   |   |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>FEE CALCULATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left;">1. EXTRA CLAIM FEES</td> <td style="width: 15%; text-align: right;">Extra<br/>Claims</td> <td style="width: 15%; text-align: right;">Fee from<br/>below</td> <td style="width: 15%; text-align: right;">Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>24</td> <td style="text-align: right;">- 33" =</td> <td style="text-align: right;">0 X 50.00 =</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td style="text-align: right;">5" =</td> <td style="text-align: right;">D X 200.00 =</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>Large Entity</b></td> <td colspan="3"><b>Small Entity</b></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>"Release Independent claims over original patent</td> </tr> <tr> <td>1206</td> <td>300</td> <td>2206</td> <td>150</td> <td>"Release claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="3" style="text-align: right;">(\$) <b>0.00</b></td> </tr> </table> <p style="text-align: right; font-size: small;">*or number previously paid, if greater. For Reissues, see below</p>  |   |   |                   | 1. EXTRA CLAIM FEES  |                   | Extra<br>Claims                      | Fee from<br>below | Fee Paid             | Total Claims       | 24            | - 33" =   | 0 X 50.00 = | \$0.00 | Independent Claims  | 4         | 5" = | D X 200.00 = | \$0.00                              | Multiple Dependent |    |      |    |  |      |     |      |     |                           | <b>Large Entity</b> |     | <b>Small Entity</b> |    |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                         | 1202 | 50    | 2202 | 25  | Claims in excess of 20                 | 1201 | 200   | 2201 | 100 | Independent claims in excess of 3       | 1203 | 380   | 2203 | 180   | Multiple Dependent claim, if not paid  | 1204 | 300 | 2204 | 150 | "Release Independent claims over original patent | 1206 | 300 | 2206 | 150 | "Release claims in excess of 20 and over original patent | <b>SUBTOTAL (1)</b> |       | (\$) <b>0.00</b> |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1. EXTRA CLAIM FEES   |   | Extra<br>Claims   | Fee from<br>below | Fee Paid   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Total Claims  | 24  | - 33" =   | 0 X 50.00 =       | \$0.00   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Independent Claims  | 4   | 5" =  | D X 200.00 =      | \$0.00   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Multiple Dependent  |   |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
|   |   |   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>Large Entity</b>   |   | <b>Small Entity</b>   |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)          | Fee Description  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1202  | 50  | 2202  | 25                | Claims in excess of 20   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1201  | 200   | 2201  | 100               | Independent claims in excess of 3                                |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1203  | 380   | 2203  | 180               | Multiple Dependent claim, if not paid                            |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1204  | 300   | 2204  | 150               | "Release Independent claims over original patent                 |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1206  | 300   | 2206  | 150               | "Release claims in excess of 20 and over original patent         |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>SUBTOTAL (1)</b>   |   | (\$) <b>0.00</b>  |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>2. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left;">Large Entity</td> <td style="width: 15%; text-align: right;">Small Entity</td> <td style="width: 15%; text-align: right;">Fee Description</td> <td style="width: 35%; text-align: right;">Fee Paid</td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td></td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>2053</td> <td>130</td> <td>2053</td> <td>150</td> <td>Non-English specification</td> </tr> <tr> <td>1254</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>610</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,580</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,180</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>2451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1480</td> <td>130</td> <td>2480</td> <td>130</td> <td>Petitions to the Commissioner</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(n)</td> </tr> <tr> <td>1800</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> </tr> <tr> <td>1809</td> <td>790</td> <td>1809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> </tr> <tr> <td colspan="2" style="text-align: right;">Other fee (specify)</td> <td colspan="3" style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td colspan="3" style="text-align: right;">(\$)</td> </tr> </table> |   |   |                   | Large Entity   |                   | Small Entity                         | Fee Description   | Fee Paid             | Fee Code           | Fee (\$)      | Fee Code  | Fee (\$)    |        | 1051                | 130       | 2051 | 65           | Surcharge - late filing fee or oath | 1052               | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | 2053 | 130 | 2053 | 150 | Non-English specification | 1254                | 120 | 2251                | 60 | Extension for reply within first month | 1252     | 450      | 2252     | 225      | Extension for reply within second month | 1253 | 1,020 | 2253 | 610 | Extension for reply within third month | 1254 | 1,580 | 2254 | 795 | Extension for reply within fourth month | 1255 | 2,180 | 2255 | 1,080 | Extension for reply within fifth month | 1401 | 500 | 2401 | 250 | Notice of Appeal                                 | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal                   | 1403                | 1,000 | 2403             | 500 | Request for oral hearing | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | 1480 | 130 | 2480 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(n) | 1800 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | Other fee (specify) |  | (\$) |  |  | <b>SUBTOTAL (2)</b> |  | (\$) |  |  |
| Large Entity  |   | Small Entity  | Fee Description   | Fee Paid   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)          |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1051  | 130   | 2051  | 65                | Surcharge - late filing fee or oath                              |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1052  | 50  | 2052  | 25                | Surcharge - late provisional filing fee or cover sheet           |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 2053  | 130   | 2053  | 150               | Non-English specification  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1254  | 120   | 2251  | 60                | Extension for reply within first month                           |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1252  | 450   | 2252  | 225               | Extension for reply within second month                          |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1253  | 1,020   | 2253  | 610               | Extension for reply within third month                           |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1254  | 1,580   | 2254  | 795               | Extension for reply within fourth month                          |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1255  | 2,180   | 2255  | 1,080             | Extension for reply within fifth month                           |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1401  | 500   | 2401  | 250               | Notice of Appeal   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1402  | 500   | 2402  | 250               | Filing a brief in support of an appeal                           |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1403  | 1,000   | 2403  | 500               | Request for oral hearing   |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1451  | 1,510   | 2451  | 1,510             | Petition to institute a public use proceeding                    |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1480  | 130   | 2480  | 130               | Petitions to the Commissioner                                    |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1807  | 50  | 1807  | 50                | Processing fee under 37 CFR 1.17(n)                              |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1800  | 180   | 1806  | 180               | Submission of Information Disclosure Stmt                        |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1809  | 790   | 1809  | 395               | Filing a submission after final rejection (37 CFR § 1.129(a))    |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| 1810  | 790   | 2810  | 395               | For each additional invention to be examined (37 CFR § 1.129(b)) |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Other fee (specify)   |   | (\$)  |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>SUBTOTAL (2)</b>   |   | (\$)  |                   |  |                   |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| <b>SUBMITTED BY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>William W. Schaal</td> <td>Registration No.<br/>(Attorney/Agent)</td> <td>39,018</td> <td>Telephone</td> <td>(714) 557-3800</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>03/25/05</td> </tr> </table>   |   |   |                   | Name (Print/Type)  | William W. Schaal | Registration No.<br>(Attorney/Agent) | 39,018            | Telephone            | (714) 557-3800     | Signature     |  |             |        | Date                | 03/25/05  |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Name (Print/Type)   | William W. Schaal   | Registration No.<br>(Attorney/Agent)  | 39,018            | Telephone  | (714) 557-3800    |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |
| Signature   |  |   |                   | Date   | 03/25/05          |                                      |                   |                      |                    |               |   |             |        |                     |           |      |              |                                     |                    |    |      |    |  |      |     |      |     |                           |                     |     |                     |    |  |          |          |          |          |   |      |       |      |     |  |      |       |      |     |   |      |       |      |       |  |      |     |      |     |  |      |     |      |     |  |                     |       |                  |     |                          |      |       |      |       |   |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |   |      |     |      |     |   |      |     |      |     |  |                     |  |      |  |  |                     |  |      |  |  |

Based on PTO/SB/17 (12/04) as modified by Blakely, Sokoloff, Taylor & Zafman (w) 12/15/2004  
 SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450